USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF							COURT CASE NUMBER		
United States of America							17-04926 TYPE OF PROCESS		
HOLLY C. LOWREY & KENNETH SHAWN LOWREY, SR. a/k/a KENNETH S. LOWREY,							SR. Handbill		
SERVE	NAME OF INDIVIDUAL, COMPLANY, DORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN HOLLY C. LOWREY								
AT		-		t No., City, State o wille, PA 1804				عدي	
SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW						Number of process to be served with this Form 285		20 = 20 = 20 = 20 = 20 = 20 = 20 = 20 =	
KML Law Group, P.C. 701 Market St. Suite 5000 Philadelphia, PArt9106						Number of parties to be		417 (D) S F 2019 MAR	
						served in this case		1 >0	
						Check for service on U.S.A.		ELVE TES M DISTR	
SPECIAL INSTRUCT All Telephone Numbe					IN EXPEDITING	ERVICE (<u>Include I</u>	Business and Ala	ernate Addresses.	
	7.3 WHE ESISTAN	a mile inter	uoicjo. De	,,,,,,		,		. or 84.¥ ¥#\$	
Please post the p	property by	April 19, 2	2019.		APR 25			Secretaria.	
				Đ,		Contraction of the Contraction o			
Signature of Attorney other Originator requesting service behalf of PLAINTIFF								DATE 3/7/19	
SPACE BEL					NLY- DO NO) WRITE B	FLOW 1F	USLINE	
I acknowledge receipt for the total Total Process District of District to S ramber of process indicated.				Signature of Anthorized USMS Deputy or Clerk			Date		
(Sign only for USM 285 if more than one USM 285 is submitted)			No. 66 No. 66 Jose			Sob-	3/7/19		
I hereby certify and re on the individual , con									
☐ I hereby certify a	nd return that I a	m unable to lo	care the indi-	idual, company, c	orporation, etc. name	l above (See remark	Delow)		
Name and title of indi	vidual served (if	not shown abo	10)		uni sa maninara e na antica da manasana			ge and discretion	
Address (complete on	ly different than .	shoun above)				Date	Tire	· / · · ·	
						04/19		7 3 5 1 am	
						Signatur	ALL 4	or Deputy	
	oral Mileage Cha cinding endeavo		ling Fee	Total Charges	Advance Deposits	Amount owed to (Amount of Refu			
40:58 \$ 23.20						\$0.00			
REMARKS:					-			· · · · · · · · · · · · · · · · · · ·	
ps. Access. 8									
PRINT & COPIES.	1. CLERK OF 1						PRIOR EDIT	IONS MAY BE USED	

-3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal

5. ACKNOWLEDGMENT OF RECEIPT

as distant different in

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Form USM-285 Rev. 12/80